

Prevention of Early Marriage Through the Formation of Information and Counseling Center Groups (PIK R)

Junior High School 7 Sidoluhur Village

Sukaraja Subdistrict Seluma District

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Abstract

Women who married under the age of 16 in Seluma Regency, Bengkulu Province in 2019 with a percentage of 19.49%. The high rate of child marriage causes various health problems including mothers having a 35%-55% high risk of giving birth to babies with low birth weight (LBW). The method of implementing community service activities by forming a group of Youth Information and Counseling Centers (PIK R) SMP 7 Sidoluhur Village, Sukaraja District and continued with counseling on preventing early marriage. The activity was attended by 25 students of SMPN 7 Sidoluhur Village. The activity was carried out in collaboration with BKKBN Bengkulu Province. The results of the activity showed that students' knowledge about early marriage before the intervention was 40% poor, 52% sufficient and 8% good, and after the formation of PIK-R and counseling the level of knowledge was 72% sufficient and 28% good. It is expected that the BKKBN can foster PIK-R activities to increase students' knowledge and awareness of their reproductive health to reduce the incidence of early marriage.

Keywords: married under the age, pik r, woman

A. Introduction

Early marriage is defined as a legally sanctioned union between two people of the opposite sex to form a family under the age of majority or a marriage involving one or both parties who are forced or unforced children [1]. Early marriage often leads to losses in terms of both health and development for the female party, as well as being a widely neglected issue of human rights violations and is usually associated with social and physical adverse effects on young women and their offspring [2].

World Health Organization (WHO) data shows that 16 million births occur to mothers aged 15-19 years or 11% of all births in the world, the majority of which (95%) occur in developing countries [3]. The practice of early marriage in the world is most prevalent in Africa and Southeast Asia [4].

In Southeast Asia, it is estimated that around 10 million children under the age of 18 are married, while in Africa an estimated 42% of the child population is married before they turn 18. In general, child marriage is more common among girls than boys, with about 5% of boys marrying before they are 19 years old. It is also found that women are three times more likely to marry early than men [5].

In Indonesia in 2018, it was found that 1 in 9 girls aged 20-24 were married before the age of 18. Women aged 20-24 who were married before the age of 18 in 2018 are estimated to be around 1,220,900 and this figure puts Indonesia in the top 10 countries with the highest absolute number of child marriages in the world [6].

In Bengkulu Province in 2019, the highest percentage of women married under the age of 16 was found to be 28.38% in Mukomuko Regency, followed by Central Bengkulu Regency with a percentage of 27.27%, Kepahiang Regency with a percentage of 21.11%, Seluma Regency with a percentage of 19.49%, Rejang Lebong Regency with a percentage of 18.58%, Lebong Regency with a percentage of 17.30%, South Bengkulu Regency with a percentage of 16.27%, Kaur Regency with a percentage of 16.07%, North Bengkulu Regency with a percentage of 14.76%, and Bengkulu City with a percentage of 7.16% [7].

The high rate of child marriage causes various health problems, including mothers under 18 years of age who have a 35% to 55% higher risk of giving birth to low birth weight babies (LBW) compared to mothers over 19 years of age. Infant mortality rates are 60% higher for mothers under the age of 18. The results showed that after children of young mothers survived to their first year, children under 5 years old had a 28% greater risk of death [8].

Among the 21 countries with complete statistics, the pregnancy rate among 15 to 19 year olds is highest in the United States and the lowest rate is in Switzerland. Among countries with reliable evidence, the highest rate among 10 to 14 year olds was in Hungary. The proportion of teenage pregnancies that end in abortion ranges from 17% in Slovakia to 69% in Sweden [9]. The proportion of pregnancies ending in live births tends to be higher in countries with high rates of teenage pregnancy.

According to [10], the percentage of women aged 15-19 years who had given birth and who were pregnant with their first child was 9.5 percent, with details of 7.0 percent who had given birth and 2.5 percent who were pregnant with their first child. There was an increase of 1 percent when compared to the 2007 IDHS where the percentage of women aged 15-19 years who had given birth and who were pregnant with their first child was 8.5 percent with details of 6.6 percent who had given birth and 1.9 percent were pregnant with their first child.

The causes of early marriage include coercion from parents, promiscuity, curiosity about sexual behavior, environmental and peer factors, low education, and economic factors [11]. In early marriage, economic factors can be the reason for divorce. In another view, parents are sometimes reluctant because they do not know how to convey sexual problems, especially related to reproductive health, thinking that it is not their business so that the problem is sufficiently left to teachers and schools so that this affects adolescents' knowledge about sex [12].

Reproductive health is a state of complete physical, mental and social well-being, not only free from disease or disability in all aspects related to the reproductive system, its functions and processes [13]. Reproductive health can also be defined as a condition where humans can enjoy their sexual life and are able to carry out their reproductive functions and processes in a healthy and safe manner [14].

The issue of adolescent reproductive health in Indonesia has not received enough attention due to the fact that knowledge about reproductive health is often still considered taboo. Therefore, there is a need for awareness and participation from various related agencies to be able to provide knowledge as early as possible about the importance of maintaining reproductive health. This can be done through counseling efforts.

Based on the situation analysis in Sidoluhur Village, Sukaraja Sub-district, a SWOT analysis was prepared as shown in the following table:

Table 1. Situation Analysis in Sidoluhur Village, Sukaraja Subdistrict, Seluma District

SWOT	Analysis
Power	<ol style="list-style-type: none"> 1. Sukaraja sub-district is located on the outskirts of the provincial city which is close to public facilities such as health facilities, markets, schools, tourist attractions. 2. Good communication with elements of government/subdistricts 3. There is support from the Babatan Health Center 4. The number of women aged 12 - 19 years is 31 people 5. There are UKBM in the form of Poskesdes and Posbindu in the amount of 1 UKBM 6. There is a Junior High School
Weaknesses	<ol style="list-style-type: none"> 1. There are still many marriages at an early age that trigger LBW, abortion and premature rupture of membranes. 2. Promotion and education on the prevention of early pregnancy is rare 3. PIK-R has not yet been established at SMPN 7 Sidoluhur Village
Opportunities	<ol style="list-style-type: none"> 1. The existence of a PIK-R formation program from the Provincial BKKBN 2. The existence of a program from the Health Office of Sukaraja Bengkulu Sub-district related to improving adolescent reproductive health 3. Availability of UKBM that supports promotion and education facilities
Threat	<ol style="list-style-type: none"> 1. High teenage marriage 2. Mothers with malnutrition

SWOT	Analisis
	3. The coverage rate of adolescent visits to health facilities is getting low
	4. Environmental conditions there are still many teenage marriages

B. Research Method

The stages of solving the problem of preventing early marriage through increasing student knowledge by forming a Youth Information and Counseling Center Group (PIK R) SMP 7 Sidoluhur Village with the following steps:

1. Preparation

Processing of activity permits to Sidoluhur Village and SMP 7 by the Chairperson and members of community service activities. The head of community service activities coordinates with partners to discuss activities to be carried out and establish a schedule of activities. Community service leaders and members Develop materials and modules for early marriage prevention.

2. Implementation

At the stage I socialization, members of the community service activities identified/assessed the problems faced by teenagers in Sidoluhur Village. Members of community service activities and students explore the extent of participation and contribution of partners in activities. The head and members of the community service activity conducted a pre-test of adolescents' knowledge about early marriage in order to improve their reproductive health.



Figure 1. Pre-test

The head and members of the community service activities carried out activities to form a Youth Information and Counseling Center Group (PIK R) SMP 7 Sidoluhur Village.



Figure 2. Group Formation and Matery Delivery

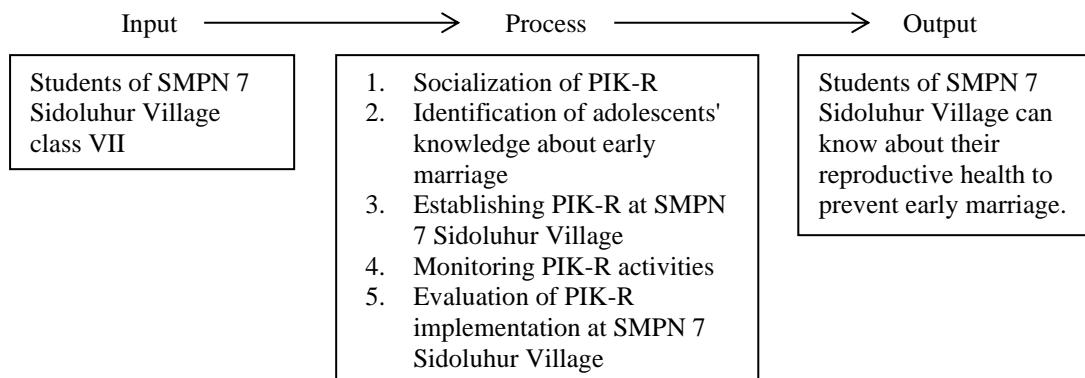
The chairperson and members of the community service activity conducted a post-test on adolescents' knowledge of early marriage and its impact in order to improve their reproductive health.

**Figure 3.** Post-Test

At the stage 2 mentoring, chairperson, members of community service activities and students assist in PIK-R activities which are held once a month in October to November 2022

At the stage 3 monitoring, the chairperson, members of community service activities and students conduct assessment and monitoring of students who have become PIK-R members after attending PIK-R sessions.

The method of implementing community service activities is carried out by counseling and empowering junior high school students in developing PIK-R with the following process:

**Figure 4.** Activity Implementation Process

C. Result and Discussion

Participants who participated in the PIK-R formation activities were 25 people with the criteria of SMPN 7 class VII Sidoluhur Village students.

The pre test is carried out at the beginning of the activity, the post test after being carried out after the participants have finished participating in the PIK-R activity. evaluation assessment criteria are assessed from the level of student knowledge about early marriage: 1) Less if the score obtained is ≤ 55 , 2) Fair if the score obtained is $> 55-75$, 3) Good if the score obtained ≥ 76

The results of the pre and post tests were compared to interpret the results of the activity can be seen in the following table:

Table 2. Pre and post results of students' knowledge level

No.	Knowledge Level	Category (%)		
		Less	Simply	Good
1	Before	40	52	8
2	After	-	72	28

Based on the results of the questionnaire, it is known that at the time of the pretest, students did not know about venereal diseases, ways of transmission of sexual diseases and the impact of teenage pregnancy and the ideal age for men and women to get married. After the formation of PIK R and the provision of counseling on reproductive health, the knowledge of adolescents increased with most of the knowledge about reproductive health in the moderate category.

Sexual knowledge received by students in accordance with their age and understood by students can guide students in behaving and making decisions related to their reproductive health so as to reduce the rate of early marriage and prevent the increasing incidence of stunting.

Reproductive health is a state of physical, mental and social health that is not only free from disease or defects related to the reproductive system and its functions. Meanwhile, according to [15]. Knowledge is a basic cognitive ability to recognize or remember about something including ideas, principles, procedures or opinions related to theories that can be found during learning or experience

Currently, there are not many reproductive health education programs provided to adolescents because of the culture in the community that still considers sexual education a taboo subject to be discussed so that adolescents do not have enough information to adapt to their physical and psychological changes.

Adolescents who are studying at the secondary school level are very vulnerable and at high risk of having sexual relations outside of marriage because in this phase adolescents cannot control themselves and are at a stage of high curiosity, so the most appropriate time to conduct health counseling on healthy reproduction is at the final level of elementary school.

Counseling on reproductive health to students of SMPN 7 Sidoluhur Village has been carried out by the community service team using the role play method and learning while playing, during counseling students are very enthusiastic about listening and asking questions related to the development of reproductive organs. It is hoped that this activity can be carried out on an ongoing basis to increase student awareness of reproductive health and can prevent the incidence of early marriage and reduce the risk of stunting.

D. Conclusion

The conclusions of the community service activities that have been carried out are: 1) Establishment of PIK-R at SMPN 7 Sidoluhur Village, 2) Increased knowledge of adolescents about early marriage and its impact on their reproductive health.

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References

- [1] Waytherlis Apriani, R. M. Sari, D. A. N. I, S. T. Oklaini, And Aztika, "Pengaruh Media Leaflet Terhadap Tingkat Pengetahuan Pendewasaan Usia Perkawinan Pada Siswa SMAN 02 Kabupaten Mukomuko," vol. 10, no. 2, pp. 266–273, 2019.
- [2] I. Mulyati and A. Cahyati, "Gambaran Pengetahuan Remaja Mengenai Pernikahan Dini Dengan Menggunakan Pendidikan Kesehatan Media Leaflet," *J. Bidan Pint.*, vol. 1, no. 2, pp. 80–95, 2020, [Online]. Available: <http://ojs.unik-kediri.ac.id/index.php/jubitar/article/view/1148>
- [3] N. M. A. Sariani, M. W. G. Darmapatni, and N. K. Somoyani, "Diberikanpenyuluhan Pada Siswa".
- [4] E. Fadlyana and S. Larasaty, "Pernikahan Usia Dini dan Permasalahannya," *Sari Pediatr.*, vol. 11, no. 2, p. 136, 2016, doi: 10.14238/sp11.2.2009.136-41.
- [5] N. Isnaini and R. Sari, "Pengetahuan Remaja Putri Tentang Dampak Pernikahan Dini Pada Kesehatan Reproduksi Di Sma Budaya Bandar Lampung," *J. Kebidanan Malahayati*, vol. 5, no. 1, pp. 77–80, 2019, doi: 10.33024/jkm.v5i1.1338.
- [6] UNICEF, "Prevention of Child Marriage: A acceleration that Cannot Be Delayed," *Badan Pus. Stat.*, p. 11, 2020.
- [7] E. Riany, R. Yanuarti, intang A. Pratiwi, and W. Angraini, "Faktor-Faktor Yang Berpengaruh Terhadap Pernikahan Usia Dini," *J. Telenursing*, vol. 2, no. 2, pp. 158–167, 2020, [Online]. Available: <https://doi.org/10.31539/joteng.v2i2.1631>
- [8] E. R. Oktavia, F. R. Agustin, N. M. Magai, and W. H. Cahyati, "Pengetahuan Risiko Pernikahan Dini pada Remaja Umur 13-19 Tahun," *HIGEIA (Journal Public Heal. Res. Dev.)*, vol. 2, no. 2, pp. 239–248, 2018, doi: 10.15294/higeia.v2i2.23031.
- [9] H. Mursit, "Hubungan Pengetahuan Tentang Kesehatan Reproduksi Dengan Sikap Pencegahan Terhadap Kehamilan Remaja Di SMK N 1 Saptosari , Gunung Kidul," *Skripsi*, pp. 1–150, 2018,

[Online]. Available: <http://eprints.poltekkesjogja.ac.id/1698/>

[10] Badan Pusat Statistik, "Survei Demografi Dan Kesehatan : Kesehatan Reproduksi Remaja 2017. In Badan Kependudukan dan Keluarga Berencana," *Survei Demogr. Dan Kesehat.*, p. 271, 2017, [Online]. Available: <http://www.dhsprogram.com>.

[11] M. Lumbantoruan, R. Sembiring, and R. Simanjuntak, "Faktor-Faktor Yang Berhubungan Dengan Pernikahan usia dini Di Kecamatan Tanjung Rejo Percut Sei Tuan Tahun 2017," *J. Kesehat. Reproduksi. USMI*, vol. 2, no. 2, pp. 64–77, 2017, [Online]. Available: e-journal.sarimutriara.ac.id/index.php/JRH/article/view/327/328

[12] S. Madinah, M. Z. Rahfiludin, and N. S. A, "Pengaruh Pendidikan Kesehatan Reproduksi Thd Tingkat Pengetahuan Tentang Pendewasaan Usia Perkawinan," *J. Kesehat. Masy.*, vol. 5, no. 1, pp. 332–340, 2017.

[13] M. Atikah Rahayu, SKM, M. K. dr. Meitria Syahadatinna Noor, M. Fahrini Yulidasari, SKM, M. Fauzie Rahman, SKM, and S. Andini Octaviana Putri, *Kesehatan Reproduksi Remaja & Lansia*, vol. 53, no. 9. 2017.

[14] DPR RI, "UUD No 36 Th 2009 Tentang Kesehatan," *Undang. Tentang Kesehat.*, vol. 2, no. 5, p. 255, 2009, [Online]. Available: <https://peraturan.go.id/common/dokumen/ln/2009/uu36-2009.pdf>

[15] Notoatmodjo, *Metodologi Penelitian Kesehatan*. Rineka Cipta, 2018.

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